



Foster Care

1008 South Second Street  
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[www.childaid.org](http://www.childaid.org)

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Adoption and Foster Care, Child Care, In-Home Services, Nurturing Parenting, PA Pre-K Counts,  
Real Relationships, Relatives As Parents Program, Triple P, Youth Mentoring

## FOSTER CHILD TREATMENT REPORT

\*\*Must be completed at all appointments\*\*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Exam Date: \_\_\_\_\_

**Type of Appointment:**

\_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ Optometrist \_\_\_\_\_ Therapy  
\_\_\_\_\_ Medication Check  
\_\_\_\_\_ Other, Specify: \_\_\_\_\_

**Reason for Visit/Treatment Provided:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Follow Up/Next Scheduled Exam:** \_\_\_\_\_

**List Current Medications and Dosage:** (if applicable)

Service Provider: \_\_\_\_\_  
Signature Printed Name

Address: \_\_\_\_\_

Phone: \_\_\_\_\_